



EXPRESS MAIL CERTIFICATE

Date 1-14-04 Label No. 994067365-US

I hereby certify that, on the date indicated above, this paper or fee was deposited with the U.S. Postal Service & that it was addressed for delivery to Mail Stop AF Amendment, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 by "Express Mail Post Office to Addressee" service.

Name (Print) DBACK

Signature [Signature]

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TECH CENTER 400/2900

Customer No.: 07278

Docket No: 03940/100K137-US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/057,155

Art Unit: 1616

Applicant : Mohammed S. SAFADI et al.

Filed : January 24, 2002

Examiner: Konata M. George

Title : PROCESS FOR PREPARING NON-HYGROSCOPIC SODIUM VALPROATE COMPOSITION

Mail Stop AF Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO FINAL OFFICE ACTION

Sir:

In response to the Final Office Action mailed October 16, 2003, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the Listing of Claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 17 of this paper.

01/20/2004 HDEMESS1 00000084 10057155

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172.00 0P



1-16-04

\$ AF 1616

AMENDMENT TRANSMITTAL LETTER			Docket No. 03940/100K137-US1
Application No. 10/057,155	Filing Date January 24, 2002	Examiner Konata M. George	Art Unit 1616

Applicant(s): Mohammad S. Safadi et al.

Invention: PROCESS FOR PREPARING NON-HYGROSCOPIC SODIUM VALPROATE COMPOSITION

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TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	55	- 38 =		x	
Independent Claims	6	- 4 =	2	x \$86	\$172
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					\$172.00

- ☒ Large Entity ☐ Small Entity
- ☐ No additional fee is required for this amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 172 to cover the filing fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dianna Goldenson
Dianna Goldenson
Attorney Reg. No.: 52,949

Dated: January 14, 2004

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New York, New York 10150-5257
(212) 527-7727

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